

FINANCIAL AFFIDAVIT

CJA 23

Rev. 5/98

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

 MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

US

v.s. Corey Smith

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

Corey Smith

CHARGE/OFFENSE (describe if applicable & check box →)

 Felony Misdemeanor

21 USC § 841(b) 860

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS
Magistrate
District Court
04-10111-MEL-
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAYEMPLOYMENT Are you now employed? Yes No Am Self-Employed

Name and address of employer:

IF YES, how much do you earn per month? \$ _____

IF NO, give month and year of last employment

How much did you earn per month? \$ _____

If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____

ASSETS

OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____

CASH Have you any cash on hand or money in savings or checking accounts? Yes No IF YES, state total amount \$ _____PROPERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT \$ _____

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE	0	_____
	<input type="checkbox"/> MARRIED		
	<input type="checkbox"/> WIDOWED		

OBLIGATIONS & DEBTS

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	{	LAWYERS FEES	\$ 150	\$ _____
		HOSPITAL BILLS	\$ 15,000	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

4/15/04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Corey Smith